



Fiscal Intermediary Services

Payroll Overview for Waiver Program Participants and Providers

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(800) 482-4071

Agenda

Program Overview

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Frequently Used Terms

Fiscal Intermediary: Public Partnerships, LLC (PPL) is the Fiscal Intermediary. This means that PPL will pay for individual support and handle all payroll tax matters.

Individual or Waiver Program Participant: The individual or waiver program participant is the person who receives supports through FSSA.

Representative: A voluntary, unpaid person who may be appointed to assist a waiver program participant in performing the responsibilities of the employer when the individual chooses not to do so independently.

Employer, or Employer of Record: This term refers to the person in the household directing the work of the employee. This may be the waiver program participant or a representative.

Employee: The person who provides services to the waiver program participant is the employee or Personal Attendant.

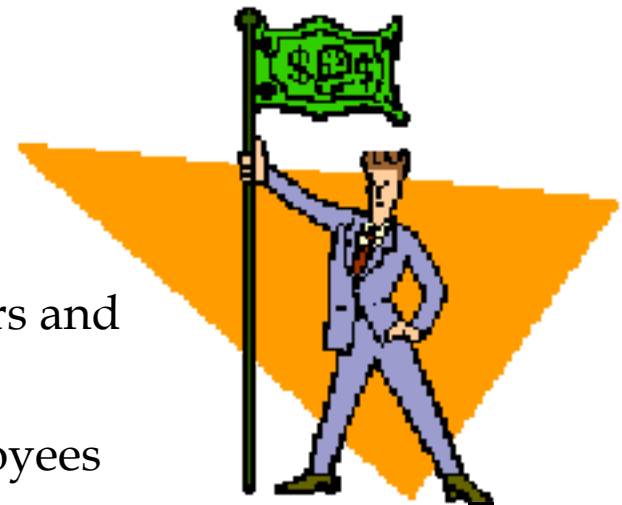
Signature: The employer of record will be asked to sign the tax forms today. If the individual acts as the Employer and cannot sign his or her name, writing an 'X' or other mark is acceptable.

About Public Partnerships, LLC (PPL)

PPL was hired by IN FSSA to be a Fiscal Intermediary (FI).

A Fiscal Intermediary:

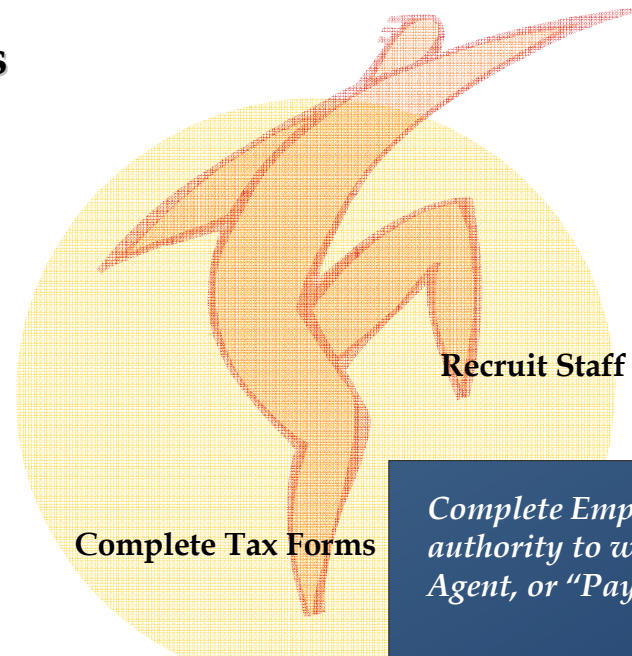
- Pays employees/personal attendants on behalf of waiver program participants
- Withholds and deposits taxes, and files tax and labor reports on behalf of waiver program participants
- Provides the individuals, case managers and employers with regular reports that show how authorized units have been spent and the amount of taxes paid
- Responds to questions from individuals, employers and employees
- Administers the limited criminal history for employees



Steps to Become an Employer

Ingredients for Success

- Teamwork
- Education
- Communication



Monitor Spending

Submit Time Worked, PPL does Tax Forms (W2, etc.)

Manage Staff

*Hiring & Supervision Tips
Submit Limited Criminal Histories
& Employee Tax Forms to PPL*

Recruit Staff

Complete Employer Tax Forms & Give PPL authority to withhold & submit taxes as your Agent, or "Payroll Department"

Complete Tax Forms

Identify Services, Employers and Costs

Establish Plan

*Clarify Needs and Goals
Develop Service Plan*

Case Manager Meeting

Benefits of the Fiscal Intermediary

- Employer's personal income tax is not affected.
- Employees will receive a W-2 statement at the end of each calendar year.
- Contributions are made to provider Social Security and Unemployment Compensation accounts.
- Employees receive bi-weekly paychecks, based on signed timesheets received by PPL.



Payroll Responsibilities

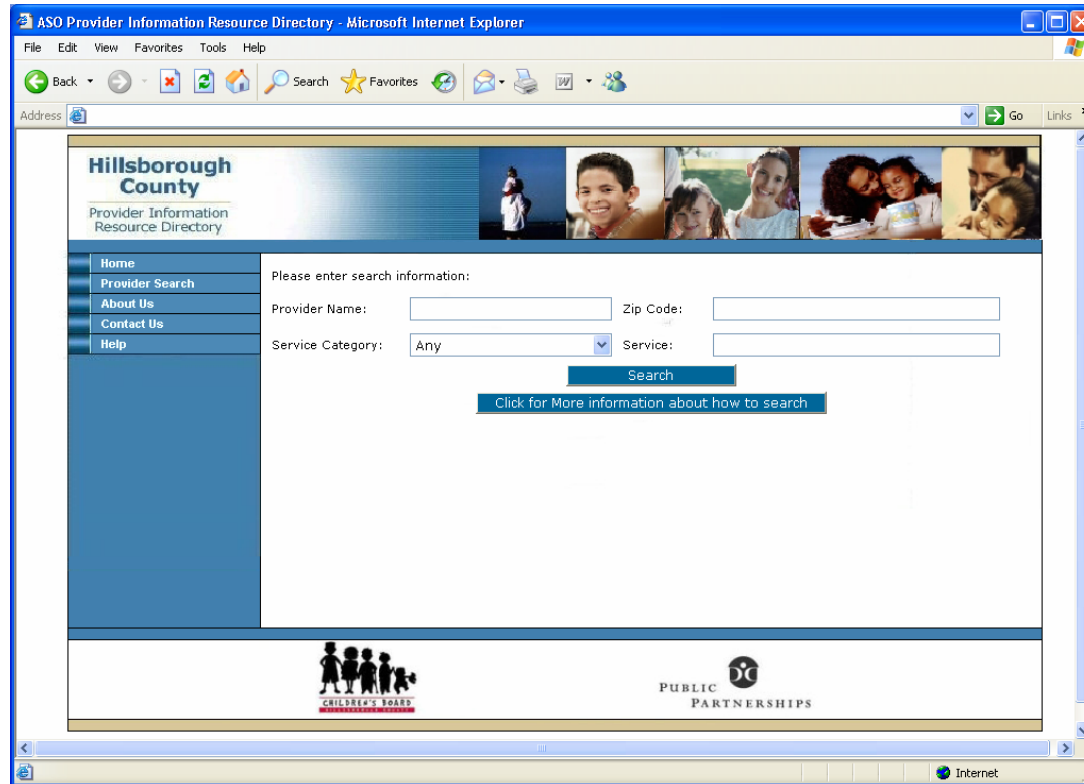
Employer's To Do...

- ☐ Complete initial paperwork
- ☐ Recruit, interview, and discharge staff
- ☐ Define job and schedule
- ☐ Verify employment eligibility by certifying USCIS Form I-9
- ☐ Sign the Terms and Conditions Agreement
- ☐ Monitor your employee's units of service
- ☐ Review, sign & submit time worked

Public Partnership's To Do ...

- ☐ Serve as "Payroll Department"
- ☐ Administer limited criminal histories
- ☐ Issue paychecks per timesheets
- ☐ Withhold all necessary taxes
- ☐ File monthly, quarterly and annual tax and labor reports
- ☐ Issue annual W-2 wage statements
- ☐ Manage your service units
- ☐ Provide individuals, employers and case managers with quarterly reports of FI spending on your behalf
- ☐ Respond to all questions

Website and Provider Registry



- Contains forms and training materials
- Allows individuals and case managers access to provider database
- Includes services, credentials, hours, location, and contact information for providers who choose to be listed

www.publicpartnerships.com

Employee Forms

- Employees must complete several forms:
 1. Employee Data Form
 - Collects general demographic and contact information
 2. Employee Eligibility Form
 - Verifies eligibility for work in the United States
 3. Terms and Conditions Agreement
 - Identifies terms of the contract
 4. IRS Form W-4
 - Sets up withholding for federal taxes
 5. Indiana Form WH-4
 - Sets up withholding for state taxes
 6. Employee Training Checklist
 - Identifies roles of employee
 7. Employee Terms and Conditions
 - Describes the terms of employment
 8. Employer/Employee Relationship Form
 - Identifies relationship between employer and employee for tax purposes

Employer Steps in Employee Forms

- As an employer, it will be your responsibility to verify that your employees are eligible to work in the United States.
- Your employees will bring you an USCIS Form I-9 from their PPL Employee Packet.
- Your employees will present documents for your review. The I-9 lists acceptable documents. Most employees will show you a Social Security card and driver's license.
- You must verify to the best of your knowledge that these documents are real. If you believe that they are, you will sign the I-9 in the section called 'Certification.'

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 09/31/07

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

First Name: Last Doe	First Jose	Middle Initial D	Maiden Name Smith
Address (Street Name and Number) 5555 Oak Street		Apt. #	Date of Birth (month/day/year) 01/01/1970
City Indianapolis	State IN	Zip Code 46207	Social Security # 111-11-1111

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #) A _____
☐ An alien authorized to work (Alien # or Admission #) _____

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____
 Address (Street Name and Number; City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: US Passport				
Issuing authority: State Dept.				
Document #: 1234567				
Expiration Date (if any): 01/01/2010				
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **7/1/05** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____ Print Name **FRANCES FAKE** Title **Household Employer**
 Business or Organization Name _____ Address (Street Name and Number; City, State, Zip Code) **FRANCES FAKE 123 MAIN STREET INDIANAPOLIS, IN 46207** Date (month/day/year) _____

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if Applicable) _____ B. Date of Retire (month/day/year) (if Applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.


Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

NOTE: This is the 1961 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Form I-9 (Rev. 05/04/07) Page 2

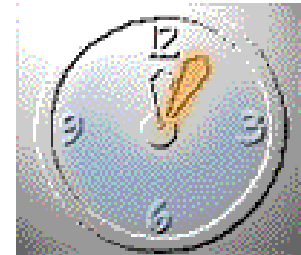
Employer Steps in Employee Forms

- All potential employees must pass a limited criminal history prior to beginning work.
- Potential employees indicate their understanding of submitting to a limited criminal history by signing the Terms and Conditions Agreement.
- PPL will conduct the limited criminal history.
- If there is any criminal history, IN FSSA will make a determination if the potential employee is 'okay to hire'
- PPL will inform the employer that it is either 'okay' or 'not okay' to hire the employee

	<h2 style="margin: 0;">Request for Limited Adult Criminal History Information</h2> <p style="margin: 0;">(317) 233-5424</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> ID Billing Number </div>
<p>Please type or print all information</p>		
<p>RECORD CHECK ON:</p>		
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> D O E </div> <div style="text-align: center;"> Last Name </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> J A N </div> <div style="text-align: center;"> First Name </div> </div>	<div style="border: 1px solid black; padding: 2px; text-align: center; width: 40px;"> M </div> <div style="text-align: center;"> M I </div>
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 0 1 0 1 1 9 7 0 </div> <div style="text-align: center;"> Date of Birth MMDDYYYY </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> M = Male F = Female </div> <div style="width: 30%;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F </div> Sex </div> <div style="width: 30%;"> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> A = Asian / Pacific W = White O = Other </div> <div> B = Black M = Multi Racial </div> </div> </div> </div>	
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> REQUESTER <input checked="" type="checkbox"/> AGENCY <input type="checkbox"/> SELF <input type="checkbox"/> ADOPTION </div> <div style="width: 70%;"> <div style="border: 1px solid black; padding: 2px;"> Name Public Partnerships, LLC </div> <div style="border: 1px solid black; padding: 2px;"> Mailing Address: (where this response will be sent) 148 STATE STREET, 10TH FLOOR City, State, Zip Code BOSTON, MA 02109 </div> <div style="border: 1px solid black; padding: 2px;"> ATTENTION: <i>Gideon Fox</i> </div> </div> </div> </div>		
<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> (011) 426-2026 </div> <div style="width: 70%;"> Daytime Phone Number </div> </div> </div>		
<div style="border: 1px solid black; padding: 10px;"> <p style="text-align: center; margin: 0;">Limited Criminal History Information - Reason For Request</p> <p style="text-align: center; margin: 0;">The cost is \$7.00. Mark an "X" in one box below for this request.</p> <p style="text-align: center; margin: 0;">Certified check or money order should be provided if request is mailed.</p> <p style="text-align: center; margin: 0;">Cash will be accepted <u>only in person</u>. [Correct Change]</p> </div>		
<div style="border: 1px solid black; padding: 10px;"> <ol style="list-style-type: none"> (1) <input checked="" type="checkbox"/> Has applied for employment with a non-criminal justice organization or individual; (2) <input type="checkbox"/> Has applied for a license and criminal history data as required by law to be provided in connection with the license; (3) <input type="checkbox"/> Employment with a state or local governmental entity; (4) <input type="checkbox"/> Is a candidate for public office or a public official; (5) <input type="checkbox"/> Is in the process of being apprehended by a law enforcement agency; (6) <input type="checkbox"/> Is placed under arrest for the alleged commission of a crime; (7) <input type="checkbox"/> Has charged that his rights have been abused repeatedly by criminal justice agencies; (8) <input type="checkbox"/> Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation; (9) <input type="checkbox"/> Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation; (10) <input type="checkbox"/> Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10-1-2) or a non-public school (as defined in IC 20-10-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment; (11) <input type="checkbox"/> Has volunteered services at a public school (as defined in IC 20-10-1-2) or non-public school (as defined in IC 20-10-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5. (12) <input type="checkbox"/> Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children; (13) <input type="checkbox"/> Is being sought by the parent locator service of the Child Support Bureau of the Division of Family and Children; (14) <input type="checkbox"/> Is or was required to register as a sex and violent offender under IC 5-2-12; or (15) <input type="checkbox"/> Has been convicted of any of the following: <div style="margin-left: 20px;"> (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age. (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age. (C) Child molesting (IC 35-42-4-3). (D) Child exploitation (IC 35-42-4-4(b)). (E) Possession of child pornography (IC 35-42-4-4(e)). (F) Violent sexual gratification (IC 35-42-4-5). </div> </div>		
<p><i>(continued on next page)</i></p>		
<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div> State Police 0015 (03-02-04) Approved by State Board of Accounts, 2006 </div> <div> Book # 315 </div> </div>		

Time Submission Instructions

- There are two methods for submitting time worked:
 - Telephonic timesheet (preferred method)
 - Physical timesheet (backup method)
- **PPL will not pay providers until all Employer and Employee paperwork is complete**
- **Provider must submit time via the telephone or a timesheet to be paid.**
- If you need help submitting time, call us at 866-264-2296.



Telephonic Time Submission

- This time submission method is done over the phone. It is referred to as the IntegriCare.
- Employees receive a welcome packet after they complete their paperwork. It asks them to register for the telephonic system.
 - Registration has them set up a password and state their name
- The Employee calls the IntegriCare phone number when he or she arrives for work and then calls again when he or she is leaving.
- Employees are asked to enter their password, state their name and enter activities codes (provided in welcome packet).
- The system is set up to remember the Employer's phone number and recognizes the Employee's voice. This limits the possibility of fraudulent time submissions.
- The system sends this information to PPL. From it, we generate a paycheck.

Telephonic Time Submission - Questions

What if:

- I forget to call?
 - If you forget to call to start the session, call twice at the end of the session and then call PPL Customer Service (866-264-2296). They will either fix the session then or have you submit a physical timesheet.
 - If you forget to call to end the session, call PPL Customer Service. They will either fix the session then or have you submit a physical timesheet.
- I am not calling from the Employer's phone line?
 - The system will ask you to enter the Employer's ID number. This will be distributed to the Employee once the Employee has completed all the forms.
- I am not calling from the Employer's phone line and I cannot remember the Employer's ID number?
 - Submit a physical timesheet.



Physical Time Sheet Submission

- This time submission method is done by faxing or mailing a timesheet to PPL.
- The Employee completes a 2-week timesheet indicating time worked each day.
- The time sheet must be signed by the Employee and Employer. The Employer's signature indicates authorization for payment.

Physical Time Sheet Instructions - Recording Information Correctly

Here is an example of a correctly completed time sheet.

PUBLIC PARTNERSHIPS, LLC EMPLOYEE TIMESHEET (Fiscal Intermediary for IN FSSA's Self-Directed Attendant Care Program)

Employer's Name: Frances Fake (3 1 7) 5 5 5 - 1 2 3 4 9 8 7 6 5 4 3 2 1 0
 Employee's Name: Jane Doe (3 1 7) 5 5 5 - 5 5 5 5 5 5 6 6 7 7

FAX: PPL @ 866-874-0478 MAIL: PUBLIC PARTNERSHIPS 6 Admirals Way Chelsea, MA 02150

Week 1 Begin: Monday (mm/dd/yyyy) 0 1 / 0 1 / 2 0 0 6
Week 2 End: Sunday (mm/dd/yyyy) 0 1 / 1 4 / 2 0 0 6

	Time IN	AM/PM	Time OUT	AM/PM	Total Hours	
Mon	1 0	0 0	0 3	1 5	0 5	1 5
Tue	1 1	0 0	0 4	3 0	0 5	3 0
Wed						
Thu	1 0	0 0	1 1	5 9	0 1	5 9
Fri	1 2	0 0	0 2	0 0	0 2	0 0
Sat	0 9	0 0	1 0	3 0	0 1	3 0
Sun	0 1	3 0	0 2	3 0	0 1	0 0

By signing below, I certify that I have provided the services to the employer during the times described on this timesheet.
 Date (mm/dd/yyyy): 0 1 / 1 4 / 2 0 0 6 Employee Signature: Jane Doe

I certify that the employer has received hours of service as reported above.
 Date (mm/dd/yyyy): 0 1 / 1 4 / 2 0 0 6 Employer Signature: Frances Fake

USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, DO NOT TOUCH THE LINES !!!

Physical Time Sheet Instructions - Recording Information Correctly

Recording header information:

This picture shows program participants and providers how to complete header information.

The diagram illustrates the correct way to fill out the header information on a Physical Time Sheet. It shows two main sections: one for the Program participant and one for the Provider. Arrows indicate the flow of information from the labels to the specific fields on the form.

Program participant's name, phone #, & ID #

Employer's Name: Frances Fake (3 1 7) 5 5 5 - 1 2 3 4 9 8 7 6 5 4 3 2 1 0

Employee's Name: Jane Doe (3 1 7) 5 5 5 - 5 5 5 5 5 5 6 6 7 7

Provider's name, phone #, ID #

Do not leave anything blank.

Time Sheet Instructions - Recording Information Correctly

Recording pay period begin and end dates correctly:

This picture shows program participants and providers how to use the pay period start and end dates to complete the time. Pay period start begins on the first day of week 1, and pay period end stops on the last day of week 2.

Pay period start

Pay period end

Week 1 Begin: Monday (mm/dd/yyyy) 01 / 01 / 2006 ||| **Week 2** End: Sunday (mm/dd/yyyy) 01 / 14 / 2006

Adding total hours:

This picture shows you how to compute and enter the total time worked.

	Time IN		AM/PM	Time OUT		AM/PM	Total Hours	
Mon	1	0	AM PM	0	3	AM PM	0	5
			AM PM			AM PM		
			AM PM			AM PM		

Total hours worked:
5 hours, 15 minutes

Time Sheet Dos and Don'ts

Must Do

- Letters and numbers should be clearly written.
- Fill in circles completely. Stay inside the lines.
- Complete one time sheet per waiver program participant.
- Sign and date the time sheet – individuals or representatives *and* providers must sign their names.
- Write your ID number. Program participants and providers must include their ID number.

Must NOT Do

- Don't forget to fill in all the information.
- Don't forget to sign and date – both the provider and the individual or individual's representative must sign the time sheet.
- Don't use military time.
- Do not round time on the time sheet. PPL will do this.

More Time Sheet Dos and Don'ts

Must Do

- Always use A.M. and P.M. to indicate morning or afternoon and night.
- Write the date in the format we show you.
- Program participants and providers should make sure that the exact minutes and hours are recorded. PPL will “round” time accurately to the quarter hour.
- **Use more than one row if :** A provider starts and stops work more than one time on the same day.
- **Use multiple time sheets if:** A provider starts and stops work more than two times on the same day.

Must Not Do

- Don't use any other time sheet or claim form than the one attached here. They are not and PPL cannot and will not pay providers if a different time sheet is used.
- Don't cross out information if you make a mistake.
- If more than two rows for a day are needed, don't use rows for a different day. Use multiple time sheets.

Time Sheet Instructions – Submitting Time Sheets

Providers and consumers have two options for submitting time sheets to PPL.

1) Mail the time sheet to PPL. Here is the address:

*Public Partnerships, LLC,
P.O. Box 3767
Phoenix, AZ 85030-3767*

2) Fax the time sheet to PPL. Here is the Fax Number
1-866-874-0478

If you plan to fax, you must use a cover sheet. This is required by law in order to protect personal information contained on the time sheet. Write the number of pages you are faxing on the cover sheet.

More Time Sheet Tips

- **Copying:** You can download copies of the timesheet on the PPL website (<http://www.publicpartnerships.com>).
 - You may make copies of the timesheet but take care to make good quality copies that are full-sized (not reduced on a copier) and straight (not misaligned during copying).
 - This is necessary in order for our time sheet scanners to read them. Poor quality copies of time sheets may cause delays in receiving payment.
- **Faxing:** Make sure your fax will send a full-size image. The faxed time sheet that we receive should not look smaller than the original.

1

Displays itemized tax deductions, for pay period and Year-To-Date.

Paid to the Employee

2

TODAY

One-Time Task – Complete Employer Tax Forms

FORM 940 12/31/2010 U.S. Department of the Treasury Internal Revenue Service	SS-4 Application for Employer Identification Number	100 1000-000-0000	1. OMB 1545-0047 2. OMB 1545-0047
3. Business name (or other name you use to do business)			
4. Business structure (check one)		5. Business type (check one)	
<input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited liability partnership (LLP)		<input type="checkbox"/> Limited liability company (LLC)	
<input type="checkbox"/> S corporation		<input type="checkbox"/> Trust	
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Other (specify)	
6. Business address (street, city, state, and ZIP code)			
7. Business phone number (include area code)			
8. Business fax number (include area code)			
9. Business email address			
10. Business website			
11. Business description (check one)			
<input type="checkbox"/> Manufacturing			
<input type="checkbox"/> Wholesale trade			
<input type="checkbox"/> Retail trade			
<input type="checkbox"/> Services			
<input type="checkbox"/> Other (specify)			
12. Business SIC code (check one)			
<input type="checkbox"/> 20-22			
<input type="checkbox"/> 23-28			
<input type="checkbox"/> 29-33			
<input type="checkbox"/> 34-36			
<input type="checkbox"/> 37-39			
<input type="checkbox"/> 40-44			
<input type="checkbox"/> 45-49			
<input type="checkbox"/> 50-54			
<input type="checkbox"/> 55-59			
<input type="checkbox"/> 60-69			
<input type="checkbox"/> 70-72			
<input type="checkbox"/> 73-79			
<input type="checkbox"/> 80-89			
<input type="checkbox"/> 90-99			
13. Business NAICS code (check one)			
<input type="checkbox"/> 11-12			
<input type="checkbox"/> 13-14			
<input type="checkbox"/> 15-16			
<input type="checkbox"/> 17-18			
<input type="checkbox"/> 19-20			
<input type="checkbox"/> 21-22			
<input type="checkbox"/> 23-24			
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<input type="checkbox"/> 89-90			
<input type="checkbox"/> 91-92			
<input type="checkbox"/> 93-94			
<input type="checkbox"/> 95-96			
<input type="checkbox"/> 97-98			
<input type="checkbox"/> 99-00			
14. Business NAICS code (check one)			
<input type="checkbox"/> 01-02			
<input type="checkbox"/> 03-04			
<input type="checkbox"/> 05-06			
<input type="checkbox"/> 07-08			
<input type="checkbox"/> 09-10			
<input type="checkbox"/> 11-12			
<input type="checkbox"/> 13-14			
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<input type="checkbox"/> 71-72			
<input type="checkbox"/> 73-74			
<input type="checkbox"/> 75-76			
<input type="checkbox"/> 77-78			
<input type="checkbox"/> 79-80			
<input type="checkbox"/> 81-82			
<input type="checkbox"/> 83-84			
<input type="checkbox"/> 85-86			
<input type="checkbox"/> 87-88			

Employer Packet

YOUR PACKET CONTAINS:

- Informational forms
- Federal tax forms from the IRS
- State of Indiana tax forms

TODAY, WE WILL:

- Walk through each of the tax forms
- Answer your questions about the forms

You are encouraged to sign the forms today but you may also send them in at a later date

INDIVIDUAL AND EMPLOYER DEMOGRAPHICS

- The first form in your packet has individual and employer demographics. These form the basis for information on the other forms.
- Please verify the Employer Name, Address and Social Security Number
 - If you have any changes, please notify a PPL or IN FSSA staff member

Employer Statement of Responsibility

- This form verifies that you have had training in self-directed care and understand how the program works.
- This form explains employer responsibilities.
- This form must also be signed by your case manager.

Employer Statement of Responsibility

As a participant in the Indiana Self-Directed Attendant Care Program, or as a representative of a participant in the Indiana Self-Directed Attendant Care Program, I, the undersigned, affirm that I have received training in how to fulfill my role in the program and am presently in good understanding of how the program will work and what my responsibilities will be:

- I affirm I am capable of performing the duties required of an employer.
- I accept full responsibility for direction of my own personal care and managing the hours that have been approved for my needs.
- My representative or I will hire, train (using the training program provided by this program), supervise, and terminate (if needed) an employee who will perform the duties of my Personal Attendant.
- I will complete all necessary paperwork required to become an employer.
- I will ensure that my Personal Attendant completes the necessary paperwork before starting work.
- I will verify that my Personal Attendant is reporting his or her time accurately and appropriately in accordance with the program's outlined timekeeping procedures.
- I will assure that my Personal Attendant is not eligible to ever work more than my budget authorizes and is never authorized to work more than 40 hours in one week. I will arrange for service from another caregiver if I require additional services.
- I will inform the fiscal intermediary, PPL, of any changes of employment.
- I will develop a back-up plan and provide it, in writing, to PPL.
- I will make emergency information available to my Personal Attendant.
- I will be treated with dignity and respect, which includes respect of my privacy and confidentiality, and I will extend this respect to my personal attendant.
- I will report abuse or fraud promptly to the specified authorities and my caseworker.
- I am aware of the Customer Service Hotline and will contact it with any questions that I may have concerning this program.

My signature below affirms that I have read and understood these responsibilities and will do my best to discharge them.

 Waiver Program Participant or Representative Signature

 Date

 Printed Name

As the case manager of the above individual, I certify that the individual, or his/her representative is fully capable of participating in the Self-Directed Care Program and executing the responsibilities of an employer per the guidelines set forth in the training manual.

 Case Manager Signature

 Date

IRS Form SS-4

Form SS-4 (Rev. February 2005) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.		OMB No. 1545-0047 EIN
1 Legal name of entity (or individual) for whom the EIN is being requested FRANCES FAKE				
2 Trade name of business (if different from name on line 1) PUBLIC PARTNERSHIPS, LLC		3 Executor, administrator, trustee, "care of" name PUBLIC PARTNERSHIPS, LLC		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 148 STATE STREET, 10TH FLOOR		5a Street address (if different) (Do not enter a P.O. box.) 123 MAIN STREET		
4b City, state, and ZIP code BOSTON, MA 02109		5b City, state, and ZIP code INDIANAPOLIS, IN 46207		
6 Country and state where principal business is located MARION, IN				
7a Name of principal officer, general partner, grantor, owner, or trustee FRANCES FAKE		7b SSN, TIN, or EIN 123-45-6789		
8a Type of entity (check only one box) <input checked="" type="checkbox"/> Sole proprietor (SSN) 123-45-6789 <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) 1 <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) 1 <input type="checkbox"/> Other (specify) 1				
8b If a corporation, name the state or foreign country (if applicable where incorporated) State Foreign country				
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) HOUSEHOLD EMPLOYER <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) 1				
10 Date business started or acquired (month, day, year). See instructions. 7/1/05 11 Closing month of accounting year DECEMBER				
12 First date wages or salaries were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) 7/1/05				
13 Highest number of employees expected in the next 12 months (enter 0 if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) Agricultural Household Other 3				
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Household Employer w/ Employer Agent				
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HIRE EMPLOYEES FOR IN-HOUSE CARE				
16a Has the applicant ever applied for an employer identification number for this or any other business? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Note: If "Yes," please complete lines 16b and 16c.				
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name above on prior application if different from line 1 or 2 above. Legal name 1 Trade name 1				
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) 1 City and state where filed 1 Previous EIN 1				
Complete this section only if you want to authorize the named individual to receive the entity EIN and answer questions about the completion of this form.				
Third Party Designee Designee's name Agent Staff: Malina Kikeli, Vanessa Stone, Marianne Matzonet Address and ZIP code 148 STATE STREET, 10TH FLOOR BOSTON, MA 02109		Designee's telephone number (include area code) (617) 435-2026 Designee's fax number (include area code) (617) 693-5736 Applicant's telephone number (include area code) (317) 555-1234 Applicant's fax number (include area code) ()		
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, the true, correct, and complete. Name and title (type or print clearly) FRANCES FAKE Household Employer				
Signature 1 Date 1		Signature 1 Date 1		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 15655N Form SS-4 (Rev. 2-2005)				

- This is a one-page form. You are asked to complete 16a, 16b, 16c and sign and date the form.
- This form tells the IRS that you are going to be an employer. After PPL submits this form, the IRS will assign you an Employer Identification Number. This is what the IRS uses to identify employers when filing tax returns and depositing withholding taxes.
- We have entered PPL's address in lines 4a and 4b so that IRS paperwork relating to this program will not be sent to your home.

Indiana Form BT-1

- This is a 4 page form. You are asked to sign and date the form on the last page.
- This form tells the State of Indiana that you are going to be an employer. After PPL submits this form, the Department of Revenue (DOR) will issue you a taxpayer identification number. This is what the DOR will use to identify you for tax filing and deposits.
- Much of the form is left blank. This form is used by all new Indiana businesses so not all the questions apply to you.

Form BT-1 Indiana Department of Revenue
State Form 20788 (08/11/02) **Business Tax Application**

A separate application is required for each business location.
Please read carefully, please see instructions.
Any outstanding tax liability owed by the applicant or an owner, partner, or officer will delay application approval.

Section A: Taxpayer Information (see instructions on page 1)
Please print legibly or type the information on this application.

1. Federal Identification Number (TIN): [REDACTED]
2. If this business is currently registered with the Department of Revenue, enter your Taxpayer Identification Number (TID): [REDACTED]

3. Name of contact person: (Person responsible for filing tax forms) **HALINA KISIEL**
4. Contact person's daytime Telephone Number: () **866** () **254-2256** () EXT. [REDACTED]

5. Check only one reason for filing this application: ☒ Starting New Business ☐ Business Under New Ownership ☐ To Change Type of Organization
☐ To Add Location to Existing Account ☐ To Register for Other Types of Tax ☐ Other

6. Owner name, legal name, Partnership name, Corporate name or Other entity name: ☒ Check if foreign address (See instructions on page 1)
FRANCES FAKE
If sole owner (Last name, First name, Middle Initial, Suffix)
FAKE, FRANCES
Primary Address: **133 ESTATE STREET INDIANAPOLIS**
City: **INDIANAPOLIS**
State: **INDIANA** Zip Code: **46205**
County: **CLAY**
E-Mail Address: [REDACTED]

7. Business trade name or DBA and physical location: (This name and address is for the business location.) ☐ Check if foreign address (See instructions on page 1)
Name: **FAKE, FRANCES**
Street Address: **133 ESTATE STREET INDIANAPOLIS**
(P.O. Box numbers cannot be used as a business location address)
City: **INDIANAPOLIS**
State: **INDIANA** Zip Code: **46205**
County: **CLAY** Township: [REDACTED]
Business Location Telephone Number: () **317** () **555-1234** () EXT. [REDACTED]

8. Check the type of organization of this business: Sole Proprietor ☒ Partnership ☐ LLP ☐ Corporation ☐ LLC ☐ S Corp ☐ LP ☐ Not-For-Profit ☐ Fed Govt ☐ Other Govt ☐ Other ☐

9. All corporations answer the following questions. Otherwise, proceed to Question 10.
A. State of Incorporation: [REDACTED] B. Date of Incorporation: [REDACTED] C. State of Commercial Domicile: [REDACTED]
D. If not incorporated in Indiana, enter the date authorized to do business in Indiana: [REDACTED] E. Accounting period year ending date: [REDACTED]

10. North American Industry Classification System (NAICS) Please enter a primary and any secondary codes that may apply. **814110** **PRIVATE**

11. Owner, Partner, or Officer (Attach separate sheet if necessary.) Social Security Numbers are required in accordance with IC 4-4-6-4.
Social Security Number Last Name, First Name, Middle Initial, Suffix Title Street Address City State Zip Code
1. **123-45-6789** **FAKE, FRANCES** **123 MAIN STREET INDIANAPOLIS, IN 46207**
2. [REDACTED] [REDACTED] [REDACTED]
3. [REDACTED] [REDACTED] [REDACTED]

12. Taxes to be Registered for this Business Location: (Check all that apply)
☒ Withholding Tax (Complete Section C.) ☐ Sales Tax (Complete Section B for a Registered Retail Merchants Certificate.)
☒ County Income Tax (Complete Section D.) ☐ Out-of-State Use Tax (Complete Section A.)
☐ Prorated Beverage Tax (Complete Section E.) ☐ Prorated Gasoline Sales Tax (Complete Section G.)
☐ Motor Vehicle Rental Excise Tax (Complete Section F.) ☐ Private Employment Agency (See instructions on page 2.)

IRS Form 2678


Form 2878 (Rev. June 2002)	Department of Treasury-Internal Revenue Service Employer Appointment of Agent Under Section 3504 of the Internal Revenue Code	OMB Number 1545-0748
1. To <u>Director, Submission Processing</u> <u>Cincinnati</u> Processing Center		Instructions Employer or Payer: Please complete this form and give it to the Agent. Agent: Please attach a letter requesting authority to do either all that is required of the employer for wages you pay on the employer's behalf or all that is required of the payer for requirements of backup withholding. (See applicable Revenue Procedures 79-6 or 84-23.) Forward both the letter of request and Form 2878 to the Internal Revenue Service Center Director, Submission Processing where you file your Form 941 returns.
2. Employer's or Payer's Name FRANCES FAYE		3. Employer's or Payer's Address (Number and street, city, town or post office, State and ZIP Code) 123 MAIN STREET INDIANAPOLIS, IN 46207
4. Employer's Identification Number		
5. Agent's Name PUBLIC PARTNERSHIPS, LLC		6. Agent's Address 146 STATE STREET, 10TH FLOOR BOSTON, MA 02109
7. Agent's Employer Identification Number 28-2940173		
8. Effective For (Check the box or boxes that apply) <input checked="" type="checkbox"/> Employment Taxes (Rev. Proc. 70-6) <input checked="" type="checkbox"/> Backup Withholding (Rev. Proc. 84-33)		9. If Filing under Rev. Proc. 70-6, does this apply to all employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Effective Date of Appointment by Employer or Payer 7/15/06		
Under Section 3504 of the Internal Revenue Code, please authorize this agent to do all that is required under (Check the one(s) that apply):		Signature of Employer or Payer [Redacted]
<input checked="" type="checkbox"/> Chapter 21 (FICA) <input checked="" type="checkbox"/> Chapter 22 (Railroad Retirement) <input checked="" type="checkbox"/> Chapter 24- <input checked="" type="checkbox"/> Withholding and/or <input checked="" type="checkbox"/> Backup Withholding <input type="checkbox"/> Chapter 25 (General Provisions) of Subtitle C NOTE: Appointment of an Agent under Section 3504 does NOT apply to Form 941, Employer's Annual Federal Unemployment Return (Chap. 26 of the Internal Revenue Code).		Title of signing official (Indicate whether the person signing is an owner, partner, member of firm, fiduciary, or a corporate officer) Household Employer
		For Internal Revenue Service Use Only
		Effective Date Granted by IRS
The agent named above has been appointed either to pay wages for employers and/or report and deposit backup withholding amounts for payers. This appointment is effective on the date shown in item 10. It is understood that the Agent and the employer or payer are subject to all provisions of law and regulations (including penalties) which apply to employers or payers.		

Catalog Number 157700
Form 2878 (Rev. 6-2002)

- This is a 1 page form. You are asked to sign and date the form in the boxes below boxes 9 and 10.
- This form tells the IRS that you are giving PPL permission to complete tax processes on your behalf for this program.
- This form only allows us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS. It does not allow PPL access to any of your personal income tax information.

Indiana Form 52227

- This is a 2 page form. You are asked to sign and date at the bottom of the second page.
- This form tells the Indiana Department of Workforce Development that you have authorized PPL to represent you in matters of state unemployment insurance.
- This form establishes PPL as the mailing address on your employer account.
- This form does NOT allow PPL to obtain or sign for any personal income tax information.

 **POWER OF ATTORNEY**
State Form 52227 (9-99)
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT
10 N. Senate Ave., RM. 30111, Indianapolis, IN 46204-2271
Phone: 317-232-7436, FAX: 317-233-0232

Know all Persons by these Presents:

That FRANCES FAKE, FEIN # _____
(hereinafter "Employer")

Indiana SUTA # _____

A Corporation, Partnership, Proprietorship having its principal office at:

123 MAIN STREET
INDIANAPOLIS, IN 46207

Does hereby constitute and appoint:

PUBLIC PARTNERSHIPS, LLC
Name (Insert after Employer Service Company)
148 STATE STREET, 10TH FLOOR
Address
BOSTON, MA 02109
City, State, ZIP Code
866-264-2296 / 617-889-5736
Telephone Number Fax Number

Its true and lawful attorney in fact with full and exclusive power to represent Employer before the INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT, until further written notice, in connection with all matters affecting unemployment insurance including, without limitation by the enumeration thereof, all claims, contributions, refunds, merit rating, appeals and hearings. (herein after "IDWD")

Employer recognizes that IDWD maintains three (3) separate and distinct mailing groups, and Employer designates mailing instructions as marked below:

<input checked="" type="checkbox"/>	Group 1	All Tax forms and notices mailed to Employer Service Company.
<input checked="" type="checkbox"/>	Group 2	All Benefit forms and notices mailed to Employer Service Company, pursuant to 646 IAC 3-10319.
<input checked="" type="checkbox"/>	Group 3	All Appellate forms and notices mailed to Employer Service Company.
<input type="checkbox"/>	Group 4	No change of address is requested. Mail all forms and notices to Employer.

Employer agrees to allow the Employer Service Company to hire an independent representative, pursuant to 646 IAC 3-12-3 and 3-12-11, to appear on Employers' behalf and represent Employers' interests in appellate hearings. Employer Service Company certifies that said representative shall be fully qualified and knowledgeable about the Unemployment Insurance system, and specifically Indiana's appellate process, to adequately represent the Employers' best interests.

IRS Form 2848

- This is a 2 page form. You are asked to sign and date the form on the bottom of the second page.
- This form allows PPL's CPA to sign tax withholding reports and reports of wages paid.
- This form establishes PPL as the mailing address on your employer account.
- This form does NOT allow PPL to obtain or sign for any personal income tax information. We will only be able to sign the forms listed on the document.

Form 2848 (Rev. March 2004) Department of the Treasury Internal Revenue Service		Power of Attorney and Declaration of Representative Type or print. See the separate instructions.		Circular No. 1545-01-01 For IRS Use Only Received by: Name _____ Telephone _____ Function _____ Date ____/____/____
Part I Power of Attorney Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.				
1 Taxpayer information. Taxpayer(s) must sign and date this form on page 2, line 9.				
Taxpayer name(s) and address FRANCES FAYE 123 MAIN STREET INDIANAPOLIS, IN 46207		Social security number(s) 123 45 6789	Employer identification number 	
		Daytime telephone number (317) 555-1234	Plan number (if applicable) 	
hereby appoint(s) the following representative(s) as attorney(s)-in-fact:				
2 Representative(s) must sign and date this form on page 2, Part II.				
Name and address MS. MEGAN RISING 148 STATE STREET, 10TH FLOOR BOSTON, MA 02109		CAF No. 03-0123888R Telephone No. 617-435-2028 Fax No. 617-435-2029 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
Name and address 		CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
Name and address 		CAF No. _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters:				
3 Tax matters Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)		Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s) (see the instructions for line 3)	
EMPLOYMENT TAX WITHHOLDING		SS-4, 940, 940EZ, 941, 941(e), 943,	PER INSTRUCTIONS UP TO	
		W-2, W-2(e), W-3, W-3(e)	FOUR YEARS	
4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific uses not recorded on CAF. <input type="checkbox"/>				
5 Acts authorized. The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I/we can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information. Exceptions. An unenrolled return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unenrolled Return Preparer on page 2 of the instructions. An enrolled actuary may only represent taxpayers to the extent provided in section 10.5(c) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.				
List any specific additions or deletions to the acts otherwise authorized in this power of attorney: _____ _____ _____				
6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here _____ and list the name of that representative below. Name of representative to receive refund check(s) <input type="checkbox"/> _____				
For Privacy Act and Paperwork Reduction Notice, see page 4 of the instructions. Cat. No. 11988J Form 2848 (Rev. 3-2004)				

Indiana Form POA-1

POA - 1
Rev. 8/00
SF 49357

INDIANA DEPARTMENT OF REVENUE
POWER OF ATTORNEY
(Instructions on Back)

1) Taxpayer(s) Name(s) FRANCES FAYE
 DBA Name(s) _____
 Address 129 MAIN STREET
 City INDIANAPOLIS
 State INDIANA Zip Code 46207
 Telephone # (317) 555-1234

2) Indiana Taxpayer Identification Number _____
 Employer Identification Number _____
 Social Security Number 123-45-6789
 Spouse's Social Security Number _____

3) Hereby appoint(s) the following: (If Firm or Corp, give Representative(s) Name)

Firm/Corp/Individual Name	Representative(s)
<u>PUBLIC PARTNERSHIPS, LLC</u>	<u>HEALINGA KIRIEL</u>
Address <u>148 STATE STREET, 10TH FLOOR</u>	
City <u>BOSTON, MA</u> State <u>MA</u> Zip Code <u>02109</u>	
Telephone # <u>(866) 264-2296</u>	
Firm/Corp/Individual Name <u>PUBLIC PARTNERSHIPS, LLC</u>	Representative(s)
Address _____	
City <u>BOSTON, MA</u> State <u>MA</u> Zip Code <u>02109</u>	
Telephone # <u>(866) 264-2296</u>	

4) Type of Tax EMPLOYMENT AND WITHHOLDING TAX Year(s) / Period(s) 2006-2007 Q1-Q4

5) Said attorney(s) - in fact shall (subject to revocation) have authority to receive confidential information and full power to perform on behalf of the undersigned all acts incidental to such representation:
 If signed by the Corporate Officer, Partners, or Fiduciary on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer:
 Signature [Redacted] Date [Redacted]
 Title Household Employer Telephone # (317) 555-1234

6) Subscribed and sworn to before me on this _____ day of _____, _____ Year _____
 My Commission Expires _____ Notary Public _____ County _____

Reset **Print**

- This is a 1 page form. You are asked to sign and date in area 5.
- This form is similar to the IRS Power of Attorney form except it is for Indiana's Department of Revenue. This form allows PPL's CPA to sign tax withholding reports and reports of wages paid.
- This form does NOT allow PPL to obtain or sign for any personal income tax information. We will only be able to sign the forms listed on the document.

IRS Form 8821

Form 8821
(Rev. April 2004)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization
Do not use this form to request a copy or transcript of your tax returns. Instead, use Form 4506 or Form 4506-T.

OMB No. 1545-0047
For IRS Use Only
Received by: _____
Name: _____
Telephone: _____
Facsimile: _____
Date: _____

1 Taxpayer Information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print)
FRANCES FAKE
123 MAIN STREET
INDIANAPOLIS, IN 46207

Social security number(s)
123 45 6789

Employer identification number

Daytime telephone number
317 555-1234

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address
c/o Public Partnerships, LLC
140 State Street, 10th Floor
Boston, MA 02109

CAF No. _____
Telephone No. _____
Fax No. 317-555-5798

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (940, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instructions)
Employment Tax Withholding	SS-4, 940, 940EZ, 941, 941(e)	PER INSTRUCTIONS UP TO	TAX LIABILITY
	943, W-2, W-2(e), W-3, W-3(e)	3 YEARS	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 3. If you check this box, skip lines 5 and 6. ☒

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):
 a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐
 b If you do not want any copies of notices or communications sent to your appointee, check this box ☐

6 Revocation/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ☐
 To revoke this tax information authorization, see the instructions on page 3.



7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.
 IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

Signature _____ Date _____
 Frances Fake Household Employer
 Print Name Title (if applicable)
☐ ☐ ☐ ☐ PIN number for electronic signature
 Signature _____ Date _____
 Print Name Title (if applicable)
☐ ☐ ☐ ☐ PIN number for electronic signature

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 11696P Form 8821 (Rev. 4-2004)

- This is a 2 page form. You are asked to sign and date the form on the bottom of the first page.
- This form allows PPL to discuss your employer withholding account with the IRS.
- This is different than the Power of Attorney form because it does not allow PPL to sign the forms, only call the IRS on your behalf.
- PPL will only be able to discuss the employer forms listed on the document. We will never be able to obtain any personal income tax information.

- This is a 1 page form. You are asked to date the form at the top and bottom and also sign the form at the bottom.
- This form tells the Indiana Department of Revenue that you authorize PPL to deposit and file reports over the Internet. It also lets PPL transfer tax deposits from PPL's bank account to the Department of Revenue.
- This form does NOT allow PPL to obtain any information about your personal bank account.

	EFT-1 <small>State Form 3020 04/17/07</small>	INDIANA DEPARTMENT OF REVENUE AUTHORIZATION AGREEMENT FORM FOR ELECTRONIC FUNDS TRANSFER	DATE: 										
INDIANA TAXPAYER ID #: _____ (MUST BE 13 DIGITS) See Special Instructions on Back.													
Business Name: FRANCES FAYE													
Name and Telephone Number of Individual in your Organization that Revenue may contact regarding EFT:													
Contact Person: Hedra Hotel - PUBLIC PARTNERSHIPS, LLC													
(Not a bank contact) 148 STATE STREET, 10TH FLOOR <small>(Over print)</small>													
Address: BOSTON, MA 02109													
City, State, Zip: 617-426-2026													
Telephone: 													
FOR TAX TYPE: Please complete a separate form for each Tax Type selected													
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Please choose an EFT method. If you choose ACH Debit, you must also complete the banking information portion of this form, as well as attach a copy of a voided check to verify the banking information.													
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<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;">  Authorized Signature </div> <div style="width: 45%;"> Household Employer Title </div> <div style="width: 10%; text-align: right;"> Date </div> </div>													
<p>*If ACH Debit is chosen, the taxpayer hereby authorizes the Indiana Department of Revenue to present debit entries into the bank account referenced above as required by Indiana Law. These debits will pertain only to Electronic Funds Transfer payments that the taxpayer has initiated.</p>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>This form may be faxed or mailed. Fax #: _____ (317) 615-2691 Questions? (317) 615-2695</p> </div> <div style="width: 45%; text-align: right;"> <p>EFT Section Indiana Department of Revenue P.O. Box 6076 Indianapolis, IN 46206-6076</p> </div> </div>													